2002 Schedule H SUB Homeowner and Renter Property Tax Credit



X 1	Mark if your address is o	different than your last retur	n File order 5	0 2 9 9 8	3 0 2	1 0 0 0 0
Pers	sonal information	Fill in if you are: X	62 or older X	Blind or disabled	OFFICIA	L USE ONLY
	first name	M.I. Last name				
	A A A A A A A A A A A A	A AAAAAAAAA				
	social security number 9-99-9999	Spouse's social security number 999-99-99-999	Your day 999-999			
	e address (number and street)	999-99-9999	Apartment number	9		
		AAAAAAAAAAA	99AAA			
		AAAAAAAAAAAA	77888			
City			State Zip			
AA	A A A A A A A A A A A A	AAAA	AA 9999	99-9999		
Туре	of property you live in. Fill in	only one: X House	χ Apartment	X Rooming house		
	olete either Section A or Section					
Sec	tion A Claim based on r					ount is zero, line is left blank.
1	Total household gross i	ncome From line x on back. If over	er \$20,000, you cannot clair	m this credit.	1	99999999.00
2	Rent paid in 2002	999999999.00×	. 15		2	999999999.00
_	Nem palu III 2002	X UU .	(C . 1			7777777 UU
3	Property tax credit				3	999999999.00
	,					
4	Rent supplements rece	ived in 2002 by you or by you	ur landlord on your beha	alf If none, leave blank.	4	99999999.00
Ш						
5	Allowable property tax	credit Line 3 minus line 4, enter t	his amount on line 30.		5	99999999.00
6	Landlord	AAAAAAAAAAAAA	AAAAAAA			
	Address (number and street)		Apartment number	Landlord's telephone number	er	
Ш		AAAAAAAAAAA	99AAA	999-999-9999	9	
Ш		AAAAAAAAAAAAA	AA			
	City			ip		
	A A A A A A A A A A A A A A A A A A A	AAAAAA	AA S	9999-9999		
C						
Sec	tion B Claim based on	property tax ncome From line x on back. If ov	or \$20,000 year connet alair	m this gradit	If am	ount is zero, line is left blank.
1	iotal flousefloid gloss i	ilcome From line x on back. If ov	er \$20,000, you cannot ciaii	m this credit.	/	77777777.00
8	DC real property tax pa	aid by you in 2002			8	999999999.00
9	Property tax credit				9	99999999.00
10		roperty tax bill or assessment.				
	Square number	Suffix number		umber		
\square	9999	9999	999	9		
H						
H					+++	
\Box						
Ш						
Ш						
\square						
H						
H		D. J. J. 10/03	2003 Schodula I	H Homeowner and Renter Prope	rty Tay C	odit pada 1
		Revised 10/02	ZOUZ Scriedule i	i i nomeowner and Remer Prope	iy iax U	oun page 4

66 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85

File order 6



Calculation for total household gross income Report the total income of all members living in your household.

а	Wages, salaries, tips, bonuses, commissions, fees	а	You 9999999.00	Your spouse 9999999900	Other householdmembers 9999999.00
a	wages, salaites, tips, politices, colliniasions, tees	a	99999999.00	999999999.00	99999999
b	Dividends and interest	b	99999999.00	99999999.00	99999999.00
С	Lottery winnings	С	99999999.00	99999999.00	99999999.00
d	Business income or loss	d	99999999.00	99999999.00	99999999.00
е	Taxable portion of pensions and annuities	е	99999999.00	99999999.00	99999999.00
f	Capital gain	f	99999999.00	99999999.00	99999999.00
g	Alimony received	g	99999999.00	99999999.00	99999999.00
h	Net rental income	h	99999999.00	99999999.00	99999999.00
i	Social security and/or railroad retirement	i	99999999.00	99999999.00	99999999.00
j	Nontaxable portion of pensions and annuities or exclusions	s j	999999999.00	99999999.00	99999999.00
k	Unemployment insurance and/or worker's compensation	k	999999999.00	999999999.00	999999999.00
ı	Support money and/or public assistance grants	1	999999999.00	99999999.00	999999999.00
m	Interest on U.S. obligations	111	99999999.00	99999999.00	99999999.00
n	Disability income exclusion (from D-2440)	n	99999999.00	99999999.00	99999999.00
0	Non-taxable portion of military compensation	0	99999999.00	99999999.00	99999999.00
р	Fellowship awards and grants	р	999999999.00	99999999.00	99999999.00
q	Life insurance proceeds	q	99999999.00	99999999.00	99999999.00
r	Veteran's pensions and disability payments	r	99999999.00	99999999.00	99999999.00
S	GI Bill benefits	S	99999999.00	99999999.00	99999999.00
t	Income subject to unincorporated business franchise tax	t	99999999.00	99999999.00	99999999.00
u	Cash distributions	u	99999999.00	99999999.00	99999999.00
V	Other Specify. AAAAAAAAAAAA	V	99999999.00	99999999.00	99999999.00
w	Total gross income Add lines a through v for each column.	w	99999999.00	99999999.00	99999999.00
Х	Total gross household income Add all amounts on line w	X	999999999.00		
11	and enter on line 1 or 7 on front of this schedule		/ / / / / / / / / U U		

66 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85

1 2 3 4 3 (0 7 0 7 1011 12 13 14 13 10 17	70 75 00 01 02	2 03 04 03
2			2
3			3
4	Your last name and SSN. AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		4
6	Your last name and SSN. AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		5
7			7
8			8
9	Other members of your household List all people other than your spouse, whose income is included in other household members income.		9
10	First name M.I. Last name Social security number		10
11	AAAAAAAAAAAA A AAAAAAAAAAAAAAAA 999-99-9999		11
12			12
13	AAAAAAAAAAA A AAAAAAAAAAAAAAA 999-99-9999		13
15	AAAAAAAAAAA A AAAAAAAAAAAAAAA 999-99-9999	+++-	15
16			16
17			17
18	Signature Under penalties of the law, I declare that I have examined this return and to the best of my knowledge it is correct. Declaration of paid preparer other than taxpayer is based on all information available to the preparer.		18
19			19
20			20
21			21
22	Your signature Date Paid preparer's signature Date		22
24	Paid preparer's FEIN, S\$N or PTIN Paid preparer's phone number		24
25	99999999 999-999-9999		25
26			26
27	Physician's certification of blindness or disability. If you are blind or disabled, you must have this certificate completed		27
28	each year you claim the Property Tax Credit.		28
29	C(aimant's first name M.I. Last name		29
31	A A A A A A A A A A A A A A A A A A A		30
32	999-99-9999		32
33			33
34	I certify that the above named taxpayer (fill in all that apply):		34
35	X is blind X has a physical or mental impairment that is expected X was physically or mentally impaired		35
36	to last continously for 12 months or more on January 1, 2002		36
37	Physician's first name M.I. Last name		37
39			39
40	Physician's address (number and street) Apartment number Apartment number		40
41	City State Zip		41
42	AAAAAAAAAAAAAAA AAAA AAA AAA AAA AAA A		42
43	Physician's signature Date		43
44			44
46			45
47			47
48	Definitions Blind		48
49	Vision that does not exceed 20/200 in the better eye with		49
50	correcting lenses, or vision that is greater than 20/200, but is		50
51	accompanied by a limitation in the field of vision such that		51
52	the widest diameter of the visual field subtends an angle no greater than 20 degrees.		52
53	Disabled		53
55	Unable to engage in any gainful activity due to a physical or		55
56	mental impairment which can be expected to last for 12 months		56
57	or more.		57
58			58
59			59
60			60
62	<u> </u>		62
63	2002 Schedule H Homeowner and Renter Property Tax Credit page 3		63
64			64
65			65
66 2 3 4 5 6	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77	78 79 80 81 82	2 83 84 85